

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3	2			1		
4	2			1		
5	0			1		
6	0			1		
7	0			1		
8	0		1			
9			1			
10						
11						
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
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49						
50						
TOTAL IND.	1		4			
TOTAL DEP.	12	←	16	←		←
TOTAL CLAIMS	13		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						